

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/940147 | FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
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50						
TOTAL IND.	2		4			
TOTAL DEP.	17	↓	28	↓		↓
TOTAL CLAIMS	14		32			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100					.	
TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

CLAIMS ONLY

SERIAL NO. 07/914,074.7 FILING DATE 8-29-87
APPLICANT(S)

	CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51			
2	/		/		/		52			
3	/		/		/		53			
4	/		/		/		54			
5	/		/		/		55			
6	/		/		/		56			
7	/		/		/		57			
8	/		/		/		58			
9	/		/		/		59			
10	/		/		/		60			
11	/		/		/		61			
12	/		/		/		62			
13	/		/		/		63			
14	/		/		/		64			
15	/		/		/		65			
16							66			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2		2		2		TOTAL IND.			
TOTAL DEP.	13		13		13		TOTAL DEP.			
TOTAL CLAIMS	13		13		13		TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS